

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty SCS-540-537

Dkt.

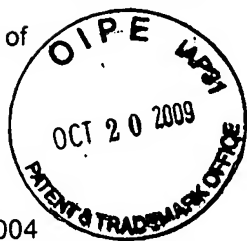
C# M#

HAQ et al

Serial No. 10/517,257

Filed: December 7, 2004

Title: FORMING NANOSTRUCTURES



C/A.U.

1792

Examiner: R. Vetere

Date: October 20, 2009

AP19 Rec'd PCT/PTO 20 OCT 2009

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	24	minus highest number		
previously paid for	21	(at least 20) =	3 x \$52.00	\$156.00 (1202)/\$78.00 (2202) \$ 156.00

Independent claims after amendment	3	minus highest number		
previously paid for	3	(at least 3) =	0 x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add				
			\$390.00 (1203)/\$195.00 (2203)	\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this				
paper and attachment(s)			One Month Extension \$130.00 (1251)/\$65.00 (2251)	
			Two Month Extensions \$490.00 (1252)/\$245.00 (2252)	
			Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)	
			Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)	
			Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255)	\$ 0.00

Terminal disclaimer enclosed, add			\$140.00 (1814)/\$70.00 (2814)	\$ 0.00
-----------------------------------	--	--	--------------------------------	---------

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee		\$180.00 (1806)	\$ 0.00
---	--	-----------------	---------

Assignment Recording Fee		\$40.00 (8021)	\$ 0.00
--------------------------	--	----------------	---------

Other:			\$ 0.00
--------	--	--	---------

TOTAL FEE \$ 156.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
SCS:kmm

NIXON & VANDERHYE P.C.
By Atty: Stanley C. Spooner, Reg. No. 27,393

Signature: 

10/22/2009 LLANDGRA 00000022 10517257

01 FC:1615

156.00 0P